

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of Copies of CRF::

Title:: G-CSF DERIVATIVE FOR INDUCING
IMMUNOLOGICAL TOLERANCE

Attorney Docket Number:: 250898

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?:

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Geoffrey
Middle Name::
Family Name:: HILL
Name Suffix::
City of Residence:: Hawthorne
State or Prov. of Residence:: Queensland
Country of Residence:: Australia
Street of mailing address:: 14 Govett Avenue
City of mailing address:: Hawthorne
State or Province of mailing address:: Queensland
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4171

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kellie
Middle Name::
Family Name:: MACDONALD
Name Suffix::
City of Residence:: Wishart
State or Prov. of Residence:: Queensland
Country of Residence:: Australia
Street of mailing address:: 86 Gary Street
City of mailing address:: Wishart
State or Province of mailing address:: Queensland
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4122

Inventor Authority Type::	Inventor
Primary Citizenship Country::	Great Britain
Status::	Full Capacity
Given Name::	Edward
Middle Name::	
Family Name::	MORRIS
Name Suffix::	
City of Residence::	New Farm
State or Prov. of Residence::	Queensland
Country of Residence::	Australia
Street of mailing address::	124 Sydney Street
City of mailing address::	New Farm
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4005

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	23460
Phone::	(312) 616-5600
Fax::	(312) 616-5700
E-mail Address::	mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	23460
----------------------------------	-------

Representative Designation::	Registration Number::	Representative Name::
------------------------------	-----------------------	-----------------------

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU2004/001116	08/20/2004

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Australia	2003904541	08/22/2003	Yes

ASSIGNEE INFORMATION

Assignee name::	THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH
Street of mailing address::	The Bancroft Centre 300 Herston Road
City of mailing address::	Herston
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4029